U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

4 Sile Mumber 11 12/61	2. Fiscal Year Covered From
1 File Number U - 9401	
	[] / [2014] Through [72] / [31] / [2004]
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name KEN ALLEN	Name METAL LATHERS LOCAL 46
	Labor Organization File Number 008 438
PO Box, Bldg , Room No , if any	P.O. Box, Building and Room Number, if any
Street 1322 THIRD AVENUE	Street 1322 THIRD AVENUE
CITY NEW YORK	CHY NEW YORK
State NEW YORK ZIP Code + 4 1002/	State NEW YORK ZIP Code +4 10021
5. Position in labor organization BUSINESS AGENT	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6 Name and address of Employer (including trade name, if any)	7.a Nature of Interest, Transaction, or Income.
Name [
Trade Name, if any	
P.O. Box, Bldg , Room No , if any	
Street	7 b Amount.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Kenneth aller	On 8/12/03 2/2-737-05-80 Date Telephone Number
	Dasc (explicite runities

Heme of Person Filling KEN ALLEN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any)	9 Business deals with	
Name Trade Name, If any. P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4	a Labor Organization L b Trust C Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a Nature of such dealing	
Name Trade Name, if any. P.O. Box, Bldg., Room No , if any Street City State ZIP Code + 4	11.b Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Metal Lathers Local 46 Trust Fund. Trade Name, if any: P.O. Box, Bldg., Room No . If any Street 198 East 48+4 Street City NEW YORK State NEW YORK ZIP Code +4 10021	Registration and hotel room deposit As 2005 I. F. E. B. P. conference 09/08/2004	
13.b. to the Business on Employer 🔀 or Consultant 🗌 ?	14.b. Amount of payment.	

Heme of Person Filling KEN ALLAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any) Name Trade Name, if any. P.O. Box, Bidg., Room No , if any Street	9 Business deals with: a Labor Organization b Trust c. Employer
City ZIP Code + 4	
10 If 9 b or 9.c. is checked give trust or employer's name Name Trade Name, if any PO. Box, Bidg Room No., if any Street City State ZIP Code + 4	11 a Nature of such dealing 11.b Approximate dottar value of such dealing. 12 a Nature of interest held or income received 12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment. Estimated cost of annual Okrisemas
Name Metal Lathers Local 46 Trust Fund. Trade Name, if any	Luncheon hosted by the Motal lathous Local 46 Bonefit Funds
P.O. Box, Bldg., Room No., if any Street 198 East 198+h Street City NEW YORK State NEW YORK ZIP Code + 4 10021	12/14/2004
13.b. Is the Business an Employer X or Consultant 7	14.b. Amount of payment.